

INTERVENTIONAL RADIOLOGY ORDER FORM

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Patient's name (print): _____	DOB: _____	Today's date: _____
Telephone numbers: Home: _____	Work: _____	Cell: _____
Insurance Co: _____	Plan: _____	
Pre-Auth #: _____	ID #: _____	Group #: _____
		Eftv Date: _____

PLEASE CLEARLY SELECT FROM THE FOLLOWING STUDIES:

ARTERIAL ANGIOGRAPHY

- Aortic:** Thoracic Abdominal
- Carotid/Cervicocerebral**
 ___ with intervention if indicated _____
- Aorta with bilateral extremity run-off:** Upper Lower
 ___ RT only ___ LT only
 ___ with intervention if indicated _____
- Renal arteriography**
 ___ Diagnostic only
 ___ with intervention if indicated _____
- Visceral arteriography**
 ___ Diagnostic only
 ___ with intervention if indicated _____
 ___ Visceral stenosis
 ___ GI Bleeding
- Other arteriography**
 ___ Specify _____
 ___ with intervention if indicated _____

MSK/JOINT

- Arthrogram---Specify joint** _____
 ___ Post arthrogram imaging (CT/MRI)
 ___ Plus therapeutic injection (Steroid/Anesthetic)
- Bakers cyst aspiration**
- Bakers cyst aspiration (with therapeutic injection)**
- Joint therapeutic injection-Site Specify** _____
- Joint aspirations-Site Specify** _____

VENOUS

- Dialysis access evaluation/fistulagram**
 ___ with intervention if indicated _____
- Dialysis access de-clot**
- Upper extremity venogram** R L Bilateral
- Lower extremity venogram** R L Bilateral
 ___ With DVT Thrombolysis
- Adrenal vein sampling**
- Saphenous Vein Ablation**
- IVC Filter Placement:** ___ Temporary ___ Permanent
- Renal vein sampling**
- Other venography** _____

DRAINAGE

- Thoracentesis-Diagnostic / Therapeutic / Both** R L
- Paracentesis-Diagnostic / Therapeutic / Both**
- Placement of perm. Pleural/Abdominal Catheter** R L Bilateral
- Fluid collection drainage-Site Specify** _____
 ___ With ___ Without drainage catheter left in place if possible
- Removal of drainage catheter-Site Specify** _____

BIOPSY

- Site-Specify** _____
 ___ Fine needle aspiration (FNA)
 ___ Core Biopsy
 ___ FNA and Core Biopsy (If possible/needed)

GASTROINTESTINAL

- Percutaneous gastrostomy:** ___ Place ___ Exchange
- Percutaneous gastrojejunostomy:** ___ Place ___ Exchange
- Place Nasoduodenal feeding catheter**
- Exchange gastrostomy to gastrojejunostomy**

BILIARY

- Percutaneous Transhepatic Cholangiogram**
 ___ With placement of drainage catheter
 ___ With exchange of drainage catheter
 ___ With placement of permanent metallic stent
- Percutaneous Cholecystostomy catheter**
 ___ Removal of biliary/gallbladder catheter
- Cholecystostogram**
 ___ With removal of catheter if needed
- Biliary access for Rendezvous Procedure**

VENOUS ACCESS

- Peripherally Inserted Central Catheter (PICC)**
- Triple lumen non-tunnelled CVC**
- Tunnelled CVC for Dialysis/Pheresis**
- Non tunneled CVC for dialysis/Pheresis**
- Mediport**
- Other central venous access device -Specify** _____

SPINE

- Kyphoplasty/Vertebroplasty Consult & Procedure:** ___ Thoracic ___ Lumbar
 ___ MRI (CT) performed---please review
 ___ MRI (CT) not performed---please schedule for same day prior to consult
- Epidural steroid injection-Specify level/s** _____
- Transforaminal ESI-Specify level/s** _____
- Nerve root injection-Specify level/s** _____
- Discogram- Specify level/s** _____
- Lumbar Puncture:** ___ With Chemotherapy Instillation
- CT myelogram:** ___ Thoracic ___ Lumbar ___ Cervical

GENITOURINARY

- Percutaneous suprapubic catheter placement**
- Percutaneous nephroureteral stent for drainage** R L Bilateral
- Percutaneous nephroureteral stent for stone treatment** R L Bilateral
- Percutaneous Double J ureteral stent** R L Bilateral
- Percutaneous nephrostomy for drainage** R L Bilateral
- Exchange of catheter ---Site** _____ R L Bilateral

MISCELLANEOUS

- Uterine Fibroid Embolization**
- Chemoembolization- Site** _____
- Radiofrequency Ablation for malignancy-Site** _____
- OTHER** _____

Exam Date: _____	Time: _____
Physician Name: _____	Signature: _____) u : _____
Diagnosis: _____	ICD-9(s): _____
Clinical History: _____	